

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DN</i>	<i>52</i>	<i>7/6</i>
FORMALITY REVIEW	<i>IT</i>	<i>1112</i>	<i>8/16/01</i>
RESPONSE FORMALITY REVIEW	<i>CH</i>	<i>825</i>	<i>12/19/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	3	
2	✓	3	
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50	✓	3	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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K.D.